FORM NLR8-501 (11-88)

UNITED STATES OF ... MERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

G5	FORM EXEMPT UNDER 44 U.S.C 351
DO NO. VR	ITE IN THIS SPACE
Case	Date Filed
34-CA-11698	1/ 2/21/07

	1. EMPLOYER	R AGAINST WHOM CHARC	SE IS BROUGH	T
Name of Employer OMINOS			,	b. Number of workers employed
Address (Street, city, state 6 LATHROP ROAD LAINFIELD	e, and ZIP code) CT 06374-	d. Employer Representa RICH GRANJA MANAGER	tive	e. Telephone No. (860)564-9933 Fax No.
Type of Establishment(fac ESTAURANT	tory, mine, wholesaler, etc.)	g. Identify principal prod PIZZA PARLOR AND		
and (list subsections) and these unfair labor Basis of the Charge (set fi	practices are practices affecting orth a clear and concise statem	commerce within the meaning ent of the facts constituting the	of the Act. alleged unfair lab	g of section 8(a), subsections (1) If the National Labor Relations Act, or practices) TS OFFICERS, AGENTS AND
EPRESENTATIVES, F (6), (b) (7)(C) BECAU ONCERNING TERMS	LAS THREATENED TO DI ISE ^{DIGLOO} HAS SOUGHT M AND CONDITIONS OF E	ISCHARGE AND HAS RE UTUAL AID AND PROT MPLOYMENT.	EDUCED THE VECTION FROM	WORK HOURS OF ITS EMPLOYEE OTHER EMPLOYEES
EPRESENTATIVES, F	AS SELECTIVELY DENI	ED OFF-DUTY EMPLOY	EES ACCESS	OFFICERS, AGENTS AND TO ITS PREMISES AND
HREATENED TO DIS	CIPLINE EMPLOYEES FO	JK VIOLATING THIS KO	LE.	
			~:	
By the above and other Section 7 of the Act.	acts, the above-named employer	has interfered with, restrained, a	nd coerced employ	ees in the exercise of the rights guaranteed in
Section 7 of the Act. Full name of party filing of	acts, the above-named employer charge (if labor organization, give			ees in the exercise of the rights guaranteed in
Section 7 of the Act. Full name of party filing c (6), (b) (7)(C) Address (Street and num		e full name, including local nam	ne and number)	4b. Telephone No.
Section 7 of the Act. Full name of party filing co. (6), (b) (7)(C) a. Address (Street and num.) (6), (b) (7)(C)	charge (if labor organization, given	e full name, including local name	ne and number)	4b. Telephone No. () -
Section 7 of the Act. Full name of party filing of (6), (b) (7)(C) Address (Street and num.) (6), (b) (7)(C) Full name of national or in the Act. Full name of national or in the Act.	charge (if labor organization, given	e full name, including local name	ne and number)	4b. Telephone No.
Section 7 of the Act. Full name of party filing c) (6), (b) (7)(C) a. Address (Street and num b) (6), (b) (7)(C)	charge (if labor organization, given ber, city, state, and ZIP code)	(b) (6), (b) (7)(C)	ne and number)	4b. Telephone No. () -

UNITED STATES AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

1.00	5 (FO	RM EXEMPT UNDER 44 U.S.C. 3512
	DE NOT	WRITE IN THIS SPACE
	Case .	Date Filed
	3/4-CA-11736	4/19/07

File an original and 4 copies of this charge with NLRB Regional Di	rector for the region in which the alleged unfair la	bor occurred or is occurring.
1. EMPLOYER	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of workers employed
Yale New Haven Hospital		approx.
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
20 York Street	Alvin R. Johnson	(203) 688-2418
New Haven, CT 06504	VP. Employee Relations	Telefax No.
	1,	(203) 688-8948
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	
Hospital	Health Care	0/21 - 1
h. The above-named employer has engaged in and is engag National Labor Relations Act, and these unfair labor practices		
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair la	abor practices)
has discriminated against its employee, advocate with regard to an incident in whemployment.		using request for an eafter terminated
By the above and other acts; the above-named en exercise of the rights guaranteed in Section 7 of t		d, and coerced employees in the
exercise of the rights guaranteed in Section 7 of t 3. Full name of party filing charge (if labor organization, give	he Act	d, and coerced employees in the
a. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	he Act	•
exercise of the rights guaranteed in Section 7 of t 3. Full name of party filing charge (if labor organization, give	he Act	d, and coerced employees in the 4b. Telephone No. (b) (6), (b) (7)(C) Telefax No.
a. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code)	full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C) Telerax No.
3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of by a labor organization.	full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C) Telefax No. e.filled in when charge is filed
3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of by a labor organization.	full name, including local name and number) which it is an affiliate or constituent unit (to be	4b. Telephone No. (b) (6), (b) (7)(C) Teletax No. e filled in when charge is filed f my knowledge and belief. An Individual
 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of by a labor organization. (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of by a labor organization. 	full name, including local name and number) which it is an affiliate or constituent unit (to be 6. DECLARATION and that the statements are true to the best of	4b. Telephone No. (b) (6), (b) (7)(C) Teletax No. e filled in when charge is filed f my knowledge and belief. An Individual
 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of by a labor organization. (b) (6), (b) (7)(C) 	full name, including local name and number) which it is an affiliate or constituent unit (to be 6. DECLARATION and that the statements are true to the best of (b) (6), (b) (7)(C) Title Telephone No.	4b. Telephone No. (b) (6), (b) (7)(C) Telefax No. e filled in when charge is filed f my knowledge and belief.
3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of by a labor organization. (b) (6), (b) (7)(C)	full name, including local name and number) which it is an affiliate or constituent unit (to be 6. DECLARATION and that the statements are true to the best of	4b. Telephone No. (b) (6), (b) (7)(C) Telefax No. e. filled in when charge is filed f my knowledge and belief. An Individual

FORM	NLRB-501	
CONT	INTL/D-201	

UNITED STATES Q MERICA

NATIONAL	LABOR REL	JNS BOARD
CHARGE	AGAINST	EMPL OVER

	OT WRITE IN THIS SPACE		
Case	Date Filed		
34-CA-11781	July 10, 2007		

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Dire	ctor for the region in which the alleged unfair lab	or occurred or is occurring.
a. Name of Employer	ISAINST WHOM CHARGE IS BROUGHT	b. Number of workers employed
AT&T		approx. 240
c. Address (street, city, state, ZIP code)	d. Employer Representative	20 - 7 dollaphone dob 7 - 7 do
335 Putnam Avenue	Jerry Fay, Jeny Fay	(860) 287-7201
Hamden, CT 06514	Office Manager 0	Telefax No.
		(860)
f. Type of Establishment (factory, mine, wholesaler, etc.) Communications	g. Identify principal product of service Telephone information	
h. The above-named employer has engaged in and is engagin(3) of the National Labor Relations Act, and these unfair labor		
2. Basis of the Charge (set forth a clear and concise statement	t of the facts constituting the alleged unfair la	por practices)
In about the first week of 2007, the a representatives, refused the request of its meeting in which was told could result in the characteristics.	employee, (b) (6), (b) (7)(C), for in discipline.	a union steward, in a
On about (1) (2) (2) (3) (4) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Employer, by its officers, agen	ts, and representatives,
disciplined its employee, (b) (6), (b) (7)(C)		
By the above and other acts, the above-named emp	slover has interfered with restrained	and coerced employees in the
exercise of the rights guaranteed in Section 7 of the		(-)
		j
 Full hame of party filing charge (if labor organization, give full) (b) (6), (b) (7)(C) 	Il name, including local name and number)	
4a. Address (street and number, city, state and ZIP code)	,	4b. Telephone No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
		Tollian No.
5. Full name of national or international labor organization of w	hich it is an affiliate or constituent unit (to be	filled in when charge is filed
(h) (c) (h)	(7)(0)	
-(b) (6), (b)		Company Colomba
		ny knowledge and belief
By Signal	Title /	An Individual
Addre		17-9-17
(b) (6), (b) (7)(C)	Telephone No. (b) (6), (b) (7)(C)	Data /
		Date
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNI	SHED BY FINE AND IMPRISONMENT (U.S. CODE	, TITLE-18, SECTION 1001)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-501 (11-88)

UNITED STATES NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

T WRITE IN THIS SPACE

Case

Date Filed

34-CA-11805

11 7/31/07

I	NS	TR	11	C	TIC	M	S
и		117	·			,,,,	

	AGAINST WHOM CHARGE IS BROU	
Name of Employer AT&T	V	b. Number of workers employed
Address (Street, city, state, and ZIP code) 175 WOODEND ROAD STRATFORD CT 06115-	d. Employer Representative MICAHEL FAHERTY	e. Telephone No. (203)383-6653 Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or service	() -
h. The above-named employer has engaged in and is eng and (list subsections) AND (3) and these unfair labor practices are practices affecting		eaning of section 8(a), subsections (1) of the National Labor Relations Act,
SINCE ON OR ABOUT (b) (6), (b) (7)(C), 2007, THE ASSIGNS HAS HARASSED (b) (6), (b) (7)(C) ECAUSE (B) ENGAGED IN CONCERTED ACTUSED (C) BECAUSE (B) SOUGHT ASSISTANCE FROM THE EXERCISE OF THE RIGHTS GUARE	HE ABOVE NAMED EMPLOYER; E BY ASSIGNING MORE ON VITIES. ABOVE NAMED EMPLOYER RETA OM THE UNION AND INTERFERE	BY ITS OFFICERS, AGENTS AND EROUS WORK ASSIGNMENTS ALIATED AGAINST (b) (6), (b) (7)(C) CD WITH, RESTRAINED AND COERCE
4	2	
~		-×-
By the above and other acts, the above-named employer h Section 7 of the Act.	ás interfered with, restrained, and coerced en	nployees in the exercise of the rights guaranteed in
Section 7 of the Act. Full name of party filing charge (if labor organization, give		
Section 7 of the Act. Full name of party filing charge (if labor organization, give) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)		
	full name, including local name and number (b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () -

UNITED STATES **AMERICA** NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

JT WRITE IN THIS SPACE Date Filed Case

INST	ום	ICT	IAN	10.

INSTRUCTIONS:

34-CA-11810

/ August 2, 2007

File an original together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged

	R AGAINST WHOM CHARGE IS BROU	
. Name of Employer Vaterford Venue Services		b. Number of workers employed @100
Address (Street, city, state, and ZIP code) 00 Columbus Blvd lartford CT 06103-	d. Employer Representative Mike Costelli	e. Telephone No. (860)249-6000 Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	General Manager (860)249-6161 g. Identify principal product or service	
 h. The above-named employer has engaged in and is en and (list subsections) 	space and services for conventions gaging in unfair labor practices within the me	aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.	
d overbroad confidentiality rule.	-	
By the above and other acts, the above-named employer Section 7 of the Act. Full name of party filing charge (if labor organization, giv. (6), (b) (7)(C) An Individual		
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C) Fax No.
Full name of national or international labor organization rganization)	of which it is an affiliate or constituent unit (to	be filled in when charge is filed by a labor
(b) (6), (b) (7)(C) ove charg	6. DECLARATION se and that the statements are true to the), (b) (7)(C)	best of my knowledge and belief. An Individual
(b) (6), (b) $(7)(C)^{\text{ove charg}}_{\text{je}}$ (b) (6), (b) $(7)(C)$	A	(Print/type name and title or office, if any)
(b) (6) (b) (7)(0)	(fax) () - (b) (6), (b) (7)	(C) 8 /02/2007

FORM NLRB-501 (11-88)

NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

Case

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE Date Filed 8/16/07-34-CA-11823

INST	RI	CT	O	NS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

*	1. EMPLOYER	AGAINST WHOM CHARGE IS BROU	GHT
a. Name of Employer EIC ASSOCIATES			b. Number of workers employed
c. Address (Street, city, state, a 140 Mountain Avenue Springfield	nd ZIP code) Suite 303 NJ 07081-	d. Employer Representative	e. Telephone No. () - 973 - 725 - 7015 Fax No. () -
f. Type of Establishment(factory, mine, wholesaler, etc.)		g. Identify principal product or service construction	
and (list subsections): (3)	aging in unfair labor practices within the me	aning of section 8(a), subsections (1) of the National Labor Relations Act,
		commerce within the meaning of the Act. on of the racis constituting the oileged unfair	
nd in order to discourage e	npioyees-iroin engaging i	in such activities.	
			=
Section 7 of the Act.		as interfered with, restrained, and coerced em full name, including local name and numbe	ployees in the exercise of the rights guaranteed in
4a. Address (Street and number) (6), (b) (7)(C)	r. city, state, and ZIP code)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C) Fax No. () (b) (6), (b) (7)(C)
organization)	and the state of t	f which it is an affiliate or constituent unit (to L WUION OF NORTH AM 6 DECLARATION	be filled in when charge is filed by a labor
(b) (6), (b) $\frac{1}{(5ig)}$ (b) (6), (b) $\frac{1}{(7)}$ (c)	7	e and that the statements are true to the	e best of my knowledge and belief an individual (Prinutype name and title or office, if any) (b) (6), (b) (7)(C)
Address	(b) (6), (l	(b) (6), (b) (7	(C) × 8/0/07 elephone No.) (date)

OC1. 3: 2007 10:1/AM]

NEHCEU DISTRICT 1199

UNITE ATES OF AMERICA
NATIONAL BORRELATIONS BOARD
CHARGE AGAINST EMPLOYER

· (· · · · · · · · · · · · · · · · · ·	FORM EXEMPT UNDER 410.8.C. 2542				
DO NOT WRITE	IN THIS SPACE				
Case .	Data Filed				
34-CA-11858	Oct. 3, 2007				

INSTRUCTIONS:			A least a state of the second		
File an original and 4 copies of this o		ector for the region in which the alleged unfair	labor practice occurred or is occurring.		
a. Name of Employer	EMPLOYER AGAINST WHOM CHARGE IS BROUGHT D. Number of workers employed				
Spectrum - Hillton			approx 100		
c. Address (street, city, state, ZIP	code)	d. Employer Representative	e. Telephone No.		
126 Ford St.		Aldo Napoletano	(203)736-1100		
Ansonia, CT 0640		Administrator	<u> </u>		
f. Type of Establishment (factor),					
Nursing		Health			
	ad engaged in and is engaging in unfair labor practices within the meaning of section 8 (a), subsections (1) and (IIst				
subsections)	(5)	ommerce within the meaning of the Act.	of the National Labor Relations Act,		
		the facts constituting the alleged unfair labor	gracticas)		
On or about (b) (6), (b) Union employee's We		loyer engaged in unfair labor a	cts by failure to honor a		
			-		
rights guaranteed in Section 7	of the Act.	has interfered with, restrained, and coerce	ed employees in the exercise of the		
Full name of party filing charge Never in the second of the sec	(if labor organization, give full r w England Health Car	name, including local name and number) re Employees Union, District 11	99, SEIU		
4a. Address (street and number, co	ty, state, and ZIP code)		4b. Telephone No.		
77 Huyshope Ave.			(860) 549-1199		
Hartford, CT 061			(000) 347-1177		
5. Full name of national or interna	nal or international labor organization of which it is an affiliate or constituent unit (to be filled when charge is filled by a labor				
organization)	Service Employees International Union				
		6. DECLARATION			
declare that I have	ve read the above charge and	that the statements are true to the best of	my knowledge and bellef.		
By Dallow S	Barha	ra Stoltman	1199 Vice President		
	entative or person making chan	- · ·	(title if any)		
Address 77 Huyshope Av	e. Hartford, CT 06106	860-549-			